STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

| State o | f VIRGI | NIA | | | | | | | | | | | | |
|---------|-----------------------|--|-----------------------------------|---------|-----------|---------|-----------|----------|---------|----------|----------|-----------|----------|---------|
| | CO | OORDIN | IATION (| OF TIT | TLE XI | X WI | ГН РАІ | RT A A | ND PA | ART B C | OF TITL | E XVII | I | |
| The fo | llowing are-eligil | method ble indiv | is used t | o prov | ride ben | efits | under I | art A | and Pa | rt B of | title XV | VIII to t | he grou | ups of |
| A. | Part B | buy-in a | greements | s with | the Seci | retary | of HHS | S. This | agreer | nent cov | ers: | | | |
| | 1. | | Individu categoric | | | | | | | | | mentatio | on, wh | o are |
| | | | Persons Systems | | | efits u | ınder ti | tle II o | f the A | ct or un | der the | Railroa | d Retire | ement |
| | | | Yes 1 | | No | | | | | | | | | |
| | 2. | | Individua payment the State | under | the Stat | te's ap | proved | | | | | | | |
| | | | Persons : Systems | | | efits u | ınder tii | le II of | f the A | ct or un | der the | Railroa | d Retire | ement |
| | | | Yes [| | No | | | | | | | | | |
| | 3. | \boxtimes | All indiv Disabled | | | | | State's | approv | ed title | XIX p | lan exce | ept Qua | llified |
| | 4. | \boxtimes | Qualified §8434 of | | | | iaries p | rovided | i by §3 | 01 of F | P.L. 100 | -360 as | amend | ed by |
| В. | This ar | Part A group premium payment arrangement entered into with the Social Security Administration. This arrangement covers the following groups: Qualified Disabled & Working Individuals provided by §6408 of OBRA 1989 and Qualified Medicare beneficiaries provided by §301 of P.L. 100-360 as mended by §8434 of P.L. 100-647. | | | | | | | | | | | | |
| C. | | nt of Par owing g | t A and P roups: | art B | deductit | ole an | d coins | urance | cost. S | uch pay | ments a | ire made | e in beh | alf of |
| | 1. | All ind | ividuals e | ligible | for Titl | e XV | III cove | red ser | vices. | | | | | |
| | 2. | Qualifi P.L. 10 | ed Medic 0-647. | are bei | neficiari | ies pr | ovided | by §30 | 1 of P. | L. 100-3 | 360 as a | ımended | by §84 | 434 of |
| | | | | | | | | | | | | | | |

| TN No. 90-29 | Approval Date 01-18-91 | |
|--------------|------------------------|--|
| Supersedes | | |
| TN No. | | |